

**Department of Public Safety
Division of Corrections**

SMOKE DETECTOR TEST SHEET

MEDIUM SECURITY/HFU/LIBRARY

DATE	LOCATION	STATUS	REMARKS
01-10-06	CELL MH-01	BAD GOOD ✓	
"	CELL MH-02	BAD GOOD ✓	
"	CELL MH-03	BAD GOOD ✓	
"	CELL MH-04	BAD GOOD ✓	
"	CELL MH-05	BAD GOOD ✓	
"	CELL MH-06	BAD GOOD ✓	Replaced Battery
"	CELL MH-07	BAD GOOD ✓	
"	CELL MH-08	BAD GOOD ✓	
"	CELL MH-09	BAD GOOD ✓	
"	CELL MH-10	BAD GOOD ✓	
"	CELL MH-11	BAD GOOD ✓	
"	CELL MH-12	BAD GOOD ✓	
"	CELL MH-13	BAD GOOD ✓	
"	CELL MH-14	BAD GOOD ✓	
"	CELL MH-15	BAD GOOD ✓	
"	CELL MH-16	BAD GOOD ✓	
"	HALL WAY EAST	BAD GOOD ✓	Replaced unit
"	HALL WAY WEST	BAD GOOD ✓	Replaced unit
"	SALLY PORT	BAD GOOD ✓	Replaced unit
"	SALLY PORT	BAD GOOD	Awaiting Replacement
"	SALLY PORT	BAD GOOD	" "
"	SALLY PORT	BAD GOOD	" "
"	HFU	BAD GOOD	
"	DOC LIBRARY	BAD GOOD ✓	
"	DOC LIBRARY	BAD GOOD ✓	

SPECIAL MANAGEMENT UNIT (SMU)

DATE	LOCATION	STATUS	REMARKS
01-10-06	SALLY PORT	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	CELL B-01	BAD GOOD ✓	
"	CELL B-02	BAD GOOD ✓	
"	CELL B-03	BAD GOOD ✓	
"	CELL B-04	BAD GOOD ✓	
"	CELL B-05	BAD GOOD	NO UNIT
"	CELL B-06	BAD GOOD ✓	

Inspected by: gmm
Logistics/Supply

Acknowledged by: _____
OIC, Logistics/Supply

**Department of Public Safety
Division of Corrections**

SMOKE DETECTOR TEST SHEET

MEDIUM SECURITY/HFU/LIBRARY

DATE	LOCATION	STATUS	REMARKS
01-23-06	CELL MH-01	BAD GOOD ✓	
"	CELL MH-02	BAD GOOD ✓	
"	CELL MH-03	BAD GOOD ✓	
"	CELL MH-04	BAD GOOD ✓	
"	CELL MH-05	BAD GOOD ✓	
"	CELL MH-06	BAD GOOD ✓	
"	CELL MH-07	BAD GOOD ✓	
"	CELL MH-08	BAD GOOD ✓	
"	CELL MH-09	BAD GOOD ✓	
"	CELL MH-10	BAD GOOD ✓	
"	CELL MH-11	BAD GOOD ✓	
"	CELL MH-12	BAD GOOD ✓	
"	CELL MH-13	BAD GOOD ✓	
"	CELL MH-14	BAD GOOD ✓	
"	CELL MH-15	BAD GOOD ✓	
"	CELL MH-16	BAD GOOD ✓	
"	HALL WAY EAST	BAD GOOD ✓	
"	HALL WAY WEST	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	HFU	BAD GOOD ✓	
"	DOC LIBRARY	BAD GOOD ✓	
"	DOC LIBRARY	BAD GOOD ✓	

SPECIAL MANAGEMENT UNIT (SMU)

DATE	LOCATION	STATUS	REMARKS
01-23-06	SALLY PORT	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	CELL B-01	BAD GOOD ✓	
"	CELL B-02	BAD GOOD ✓	
"	CELL B-03	BAD GOOD ✓	
"	CELL B-04	BAD GOOD ✓	
"	CELL B-05	BAD GOOD ✓	
"	CELL B-06	BAD GOOD ✓	

Inspected by: _____

Logistics/Supply

Acknowledged by: _____

OIC, Logistics/Supply

Department of Public Safety
Division of Corrections

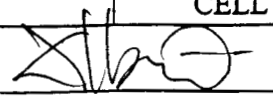
SMOKE DETECTOR TEST SHEET

MEDIUM SECURITY/HFU/LIBRARY

DATE	LOCATION	STATUS	REMARKS
Feb 13, 2006	CELL MH-01	BAD GOOD ✓	
"	CELL MH-02	BAD GOOD ✓	
"	CELL MH-03	BAD GOOD ✓	
"	CELL MH-04	BAD GOOD ✓	
"	CELL MH-05	BAD GOOD ✓	
"	CELL MH-06	BAD GOOD ✓	
"	CELL MH-07	BAD GOOD ✓	
"	CELL MH-08	BAD GOOD ✓	
"	CELL MH-09	BAD GOOD ✓	
"	CELL MH-10	BAD GOOD ✓	
"	CELL MH-11	BAD GOOD ✓	
"	CELL MH-12	BAD GOOD ✓	
"	CELL MH-13	BAD GOOD ✓	
"	CELL MH-14	BAD GOOD ✓	
"	CELL MH-15	BAD GOOD ✓	
"	CELL MH-16	BAD GOOD ✓	
"	HALL WAY EAST	BAD GOOD ✓	
"	HALL WAY WEST	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD	part can't reach ladder (SHOWN).
"	SALLY PORT	BAD GOOD	
"	SALLY PORT	BAD GOOD	
"	HFU	BAD GOOD	
"	DOC LIBRARY	BAD GOOD ✓	
"	DOC LIBRARY	BAD GOOD ✓	

SPECIAL MANAGEMENT UNIT (SMU)

DATE	LOCATION	STATUS	REMARKS
02-13-06	SALLY PORT	BAD GOOD ✓	
"	SALLY PORT	BAD GOOD ✓	
"	CELL B-01	BAD GOOD ✓	
"	CELL B-02	BAD GOOD ✓	
"	CELL B-03	BAD GOOD ✓	
"	CELL B-04	BAD GOOD ✓	
"	CELL B-05	BAD GOOD	NO UNIT
"	CELL B-06	BAD GOOD ✓	

Inspected by: 

Logistics/Supply

Acknowledged by: _____

OIC, Logistics/Supply

**Department of Public Safety
Division of Corrections**

SMOKE DETECTOR CHECK LIST

DOC ADMINISTRATION AREA

DATE	LOCATION	STATUS	REMARKS
01-10-06	Above Doris' desk	BAD GOOD ✓	
"	Above Xerox Machine	BAD GOOD ✓	
"	Supply Room	BAD GOOD ✓	UNIT GOT wet (AWAITING - replacement)
"	Container	BAD GOOD ✓	
"	Bunker Area	BAD GOOD ✓	
"	Ofcrs. Supply Room	BAD GOOD ✓	

Inspected By: _____

Print Name & Sign

Acknowledge By" _____

OIC, Logistics & Supply

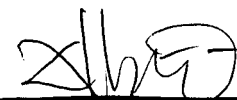
Department of Public Safety
Division of Corrections

SMOKE DETECTOR CHECK LIST

DOC ADMINISTRATION AREA

DATE	LOCATION	STATUS	REMARKS
01-23-06	Above Doris' desk	BAD GOOD ✓	
"	Above Xerox Machine	BAD GOOD ✓	
"	Supply Room	BAD GOOD	
"	Container	BAD GOOD ✓	
"	Bunker Area	BAD GOOD ✓	
"	Ofcrs. Supply Room	BAD GOOD ✓	

Inspected By:



Print Name & Sign

Acknowledge By

OIC, Logistics & Supply

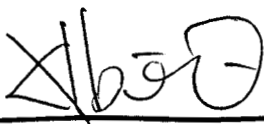
**Department of Public Safety
Division of Corrections**

SMOKE DETECTOR CHECK LIST

DOC ADMINISTRATION AREA

DATE	LOCATION	STATUS	REMARKS
012-13-06	Above Doris' desk	BAD GOOD ✓	
"	Above Xerox Machine	BAD GOOD ✓	
"	Supply Room	BAD GOOD	
"	Container	BAD GOOD ✓	
"	Bunker Area	BAD GOOD ✓	
"	Ofcrs. Supply Room	BAD GOOD ✓	

Inspected By:



Print Name & Sign

Acknowledge By"

OIC, Logistics & Supply

SERVICE REPORT

APPROVED BY _____

WORK ORDER NO.	SEGMENT	LABOR CHARGE CODE	OPERATION	EMPLOYEE NO. 8031	SHIFT 1	EMPLOYEE NAME R. CAMACHO	DATE 1/31/06
CUSTOMER NAME DCC						CUST. NO.	STORE 82
MAKE Cat	MODEL 3306	SERIAL NUMBER 66D46615	ARRG NO	STD HOURS 129	<input type="checkbox"/> HMC H190 <input type="checkbox"/> HPS H192 <input type="checkbox"/> HMS H150 <input type="checkbox"/> HDM H191 <input type="checkbox"/> HRIS BR ____ <input type="checkbox"/> HLS RB ____ <input type="checkbox"/> HLS FONT. ____		
JOB DESCRIPTION DEPT. OF CORRECTION						OT / PT / SPL	START
						ELAPSED TIME	STOP
						OT / PT / SPL	START
						ELAPSED TIME	STOP
						OT / PT / SPL	START
						ELAPSED TIME	STOP
CHG DSL	CHG DEO	MLG	VEH	CHG 10W	CHG 30W	COST	SELL
HOURS, MILES						ELAPSED TIME	STOP

PART NUMBER RESPONSIBLE	PART NAME	QTY	DESC. CODE	GROUP NUMBER CONTAINING PART	GROUP NAME	DID THIS INCIDENT MAKE THE INOPERABLE PRODUCT	DESCRIPTIVE COMMENTS (20 SPACES MAXIMUM PER INCIDENT)
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

DESCRIPTIVE CODES	A - Structural B - Surface	C - Leaks D - Factory Assembly	E - System Malfunction F - Factory Shipping	G - General Repair H - Adjustments	K - Serviceability N - Abuse	X - OPERATION COMPLAINT
WHAT WAS THE CUSTOMER COMPLAINT?						

ADDITIONAL COMMENTS THE CAUSE OF FAILURE?
--

WHAT WAS THE RESULTANT DAMAGE?

HOW DID YOU REPAIR IT?

PERFORM MONTHLY INSPECTION. RUN UNIT
AND OBSERVE OPERATION. ALL SYSTEMS
NORMAL.

CUSTOMER SIGNATURE <i>Juan L. Wilfong</i>	SERVICEMAN SIGNATURE <i>[Signature]</i>
--	--



PRIMARY HEALTH CARE DIVISION

GOVERNMENT OF THE NORTHERN MARIANA ISLANDS
DEPARTMENT OF PUBLIC HEALTH-ENVIRONMENTAL SERVICES

GOVERNMENT AND PUBLIC BUILDING INSPECTION REPORT

Building Dept. of Correction Location Saipu
Person in Charge Georgia Cabera Address _____

1. Water Supply
A. OK Source: Approved, Protected and Properly located.
B. OK Drinking Facilities: Approved type, clean.
C. OK Waste Water: Approved drainage - no standing pools.
2. Toilet Facilities
A. OK Type: Adequate, approved.
B. OK Cross-connection all safety precautions used.
C. ✓ Maintenance: In good repair.
D. ✓ Floor, stools and seats cleaned daily.
E. ✓ Toilet paper: Available and accessible.
F. ✓ Light: Condition of seats readily observed.
G. OK Ventilation: Properly ventilated.
3. Lavatories
A. ✓ Hand washing Equipment lavatories, sinks - Approved.
B. OK Soap: Liquid or powdered soap.
C. OK Towels: Paper towels provided and properly stored.
D. OK Waste Water - Approved drainage. No standing pools.
4. Heating and Ventilation
A. Air Condition
OK Temperature 68.70°F
OK Frequency of air change sufficient to prevent odors.
B. OK Temperature control.
5. Lighting
Finish: OK Light color on wall, ceilings.
✓ Clean.
6. Building
A. Condition
✓ In reasonably good repair.
OK No fire or accident hazards.
✓ Neat.
✓ Floor clean.
B. Floor Space
OK Adequate for desk space.
✓ Clean.
C. Cleaning Methods
OK No dusting and sweeping during work hours.
D. Grounds
OK Well drained.
OK Trash, garbage - no fly breeding places.
✓ Clean.
E. OK Janitors room and supplies neat and clean.
7. Equipment
OK Waste paper basket approved and use.
8. Ground
OK No accident hazards.
OK Others.

Remarks:

(CMP) Federal Male Detention / Control - 1 building - Shower and restrooms still needs to be thoroughly scrubbed clean, walls and ceilings paint are peeling off. Walls are filthy (needs to be scrubbed clean / repainted).
Intake - Sink is leaking (needs to repair defective p-trap).
Outside perimeter found bottle nut stains all over the front entrance.

SANITARIAN

12.19.05

DATE

Received by: _____

DATE

Case Number
05-190

Fire Prevention Section Tel: 664-9077/ 78/ 80 Fax: 664-9009

Capitol Hill House #1368

Page 1 of 12
Inspection Date
12/19/05
Time of Inspection
0830

Establishment Name
DEPARTMENT OF CORRECTION
Location
BY DPS CENTRAL
Village
SUGLIFE
Establishment Owner
GOVERNMENT
Manager/Person in Charge
MAJOR AYUYU
Telephone
664-9115
Alt. Telephone
664-9061
FAX
Mailing Address

Building/Complex
GOVERNMENT
Building Owner
GOVERNMENT
Bldg Owner Contact#
Structure
CONCRETE
Interior Wall Construction
CONCRETE
of Stories of Building
1
of Exits at Grnd Level
11
Number of Elevators
4
Number of Stairwells
6

Occupancy
PENITENTIARY
Type of Inspection
FIRE SAFETY INSPECTION
Occupancy Code
B
Exit Doors
11
Number of Floors
1
Number of Rooms/Units
41
Occ. Length/Feet
Occ. Width/Feet
Area: Feet
0

UFC Article
1,9,10,11,12,13,85
2CMC Division Chapter 3 & P.L. 11-56
Reinspection Date
Reinspection Time
Reinspection Remarks

Requirements
THE ESTABLISHMENT HAS COMPLIED WITH PL-11-56 CCM1
FIRE SAFETY CODE.

Emergency Lights
10
No Smoking Signs
4
Smoke Detectors
4
Fire Alarm System
6
Last Alarm Test
6
F. Alarm Cert./Test Co.
Auto Sprinkler
6
Last Sprinkler Test/Cert.
6
A. Sprink Cert./Test Co.
Hood & Duct Sys.
6
Last System Test/Cert.
6
Hood & Duct Cert./Test Co.
Standpipe Sys.
6
Standpipe Class
6
Standpipe Cert./Test Co.
Other Extinguishing Systems
Last Test Date
Extinguishing Sys. Cert./Test Co.
Fuel Container Volume
500 Gal
Fuel Service Company
MOBIL
Type of Fuel Tank
STEEL
Certification Date
Exit Signs
Self Luminescent
Placard: Non-Luminescent
12
Placard: Reflectory/Flourescent
Fire Extinguishers
Dry Chemical
Carbon Dioxide
Halon
Water
Dry Powder

Disposition
☒ Approved ☐ Disapproved

Accompanied By
ALBERT D. L. REYES
Signed:
Date: 12-20-05

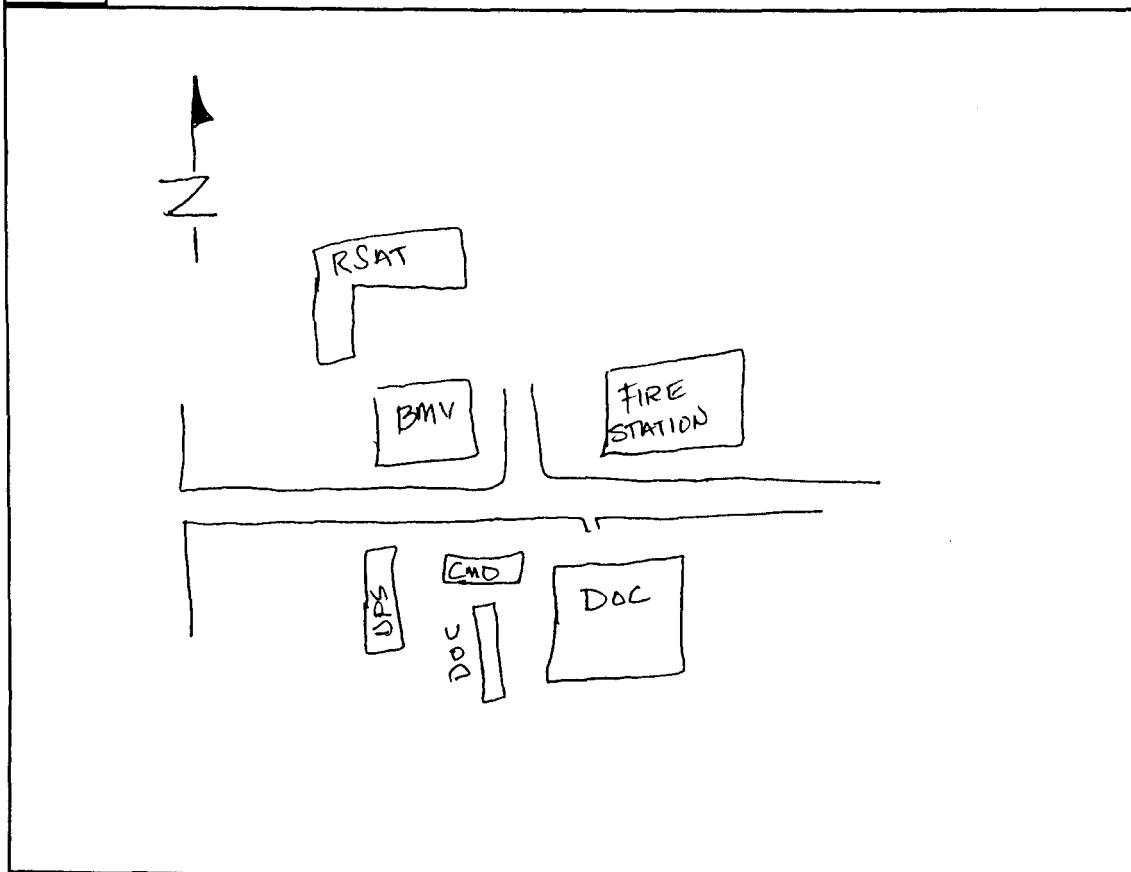
Code Enforcement Officer
Inspector
DANIEL R. SUGL
Time Completed

DPS Fire Prevention Plan Review #

Other Life Safety Devices

[illegible]

Illustrations



Inspector

Witness

FOOD HANDLER CERTIFICATE

Commonwealth of the Northern Mariana Islands
Department of Public Health
Division of Public Health
Bureau of Environmental Health

(Seal of the Commonwealth of the Northern Mariana Islands)

Name (Last, First, Middle Initial)	LABARDA, MA. THELMA
Date of Birth	04/06/67
Sex	() M (X) F
FHC Issue Date	07/20/05
Social Security Number/Entry Permit Card Number	586-33-4894
P.E. Date / Application and/or PE #	06/28/05
Name of Business/Corp	BOLIS R US
Location of Business/Employer	CHALAN KANO
Date of Expiration (Concise w/ Entry Permit)	06/28/06
Country/Citizenship	PI
Occupation	KITCHEN HELPER
Deputy Secretary of Public Health	PEDRO I. UNTALAN
() New () Duplicate Ref. () Renewal () Replacement Ref.	

Form DPH-BEH 6
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4870/2/3/4 • Fax: (1-670) 664-4871

This Certificate must be readily available upon request by Health Inspectors

FOOD HANDLER CERTIFICATE

Commonwealth of the Northern Mariana Islands
Department of Public Health
Division of Public Health
Bureau of Environmental Health

(Seal of the Commonwealth of the Northern Mariana Islands)

Name (Last, First, Middle Initial)	BUHAY, ELDEN
Date of Birth	09/20/63
Sex	() M (X) F
FHC Issue Date	04/26/05
Social Security Number/Entry Permit Card Number	586-90-7095
P.E. Date / Application and/or PE #	03/31/05
Name of Business/Corp	BOLIS-R - US CATERING
Location of Business/Employer	CHALAN KANO DIST. 3
Date of Expiration (Concise w/ Entry Permit)	03/31/06
Country/Citizenship	P.I
Occupation	COOK/HELPER
Deputy Secretary of Public Health	PEDRO I. UNTALAN
() New () Duplicate Ref. () Renewal () Replacement Ref.	

Form DPH-BEH 6
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4870/2/3/4 • Fax: (1-670) 664-4871

This Certificate must be readily available upon request by Health Inspectors

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

(Seal of the Commonwealth of the Northern Mariana Islands)

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: MATEDIOS AMADO

Last First Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 04 / 12 / 05 as part of the Food Handler Certification
requirements.

Certified by: [Signature] Date: 04 / 12 / 05

Form DPH-BEH 5 This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4870/2/3/4 • Fax: (1-670) 664-4871 28462

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

(Seal of the Commonwealth of the Northern Mariana Islands)

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: SANTOS, MARITES A

Last First Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 10 / 13 / 05 as part of the Food Handler Certification
requirements.

Certified by: [Signature] Date: 10 / 13 / 05

Form DPH-BEH 5 This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Vanson Guillermo M.
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 4/12/05 as part of the Food Handler Certification
requirements.

Certified by: [Signature] Date: 4/12/05

Form DPH-BEH 5 This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4870/2/3/4 • Fax: (1-670) 664-4871 **28589**

Commonwealth of the Northern Mariana Islands
Department of Health
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: Buhary Eldon H.
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 4/12/05 as part of the Food Handler Certification
requirements.

Certified by: [Signature] Date: 4/12/05

Form DPH-BEH 5 This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950
Tel: (1-670) 664-4870/2/3/4 • Fax: (1-670) 664-4871 **28576**

Commonwealth of the Northern Mariana Islands
Department of Public Health
Division of Public Health
Bureau of Environmental Health

FOOD HANDLER CERTIFICATE

Name (Last, First, Middle Initial) MATEDIOS, AMADO	Date of Birth [Redacted] Sex M () F
Social Security Number/Entry Permit Card Number [Redacted]	FHC Issue Date 04/26/05
Name of Business/Corp BOLIS-R-US CATERING	P.E. Date / Application and/or PE # 03/31/05
Location of Business/Employer CHALAN KANOA DIST. 3	Date of Expiration (Coincide w/ Entry Permit) 03/31/06
Occupation BAKER	Country/Citizenship P. I.
<input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Duplicate Ref.: <input type="checkbox"/> Replacement Ref.:	

PEDRO T. UNTALAN
Deputy Secretary of Public Health

Commonwealth of the Northern Mariana Islands
Department of Health **26629**
Division of Public Health
Bureau of Environmental Health

**CERTIFICATE OF COMPLETION FOR
WORKSHOP PARTICIPANTS**

This is to certify that: HISPERA TENITA A.
Last First Middle Initial

has attended and completed the Food Handler Certification Workshop
on: 10/13/04 as part of the Food Handler Certification
requirements.

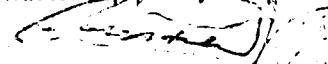
Certified by: [Signature] Date: 10/13/04

Form DPH-BEH 5 This workshop must be taken annually or as otherwise provided by law.
P.O. Box 500409 CK, Saipan, MP 96950

Commonwealth of the Northern Mariana Islands Department of Public Health Division of Public Health Bureau of Environmental Health	
FOOD HANDLER CERTIFICATE	
Name (Last, First, Middle Initial) YANSAN, GUILLERMO	Date of Birth Sex 06/25/64 <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Social Security Number/Entry Permit Card Number 586-43-4961	FHC Issue Date 04/26/05
Name of Business/Corp BOLIS-R-US CATERING	P.E. Date / Application and/or PE # 03/31/05
Location of Business/Employer CHALAN KANOA DIST.3	Date of Expiration (Coincide w/ Entry Permit) 03/31/06
Occupation BAKER/HELPER	Country/Citizenship P. I.
 Deputy Secretary of Public Health	<input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Duplicate Ref.: <input type="checkbox"/> Replacement Ref.:

This Certificate must be readily available upon request by Health Inspectors.

Form DPH-BEH 6 P.O. Box 500409-CK, Saipan, MP 96950 Tel: (1-670) 664-4870/2/3/4 • Fax: (1-670) 664-4871 **23265**

Commonwealth of the Northern Mariana Islands Department of Public Health Office of the Secretary HEALTH CLEARANCE THIS IS TO CERTIFY THAT	
LIIDS Number	188252
Full Name:	AMADO YERRO MATEDIOS
Employer:	BOLIS R US
Was examined on:	3/31/05 At: ISLAND MEDICAL CENTER
Was found physically fit and free of communicable disease.	
 Secretary of Health or Designee	3/31/06 Expiration Date

23265